

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 5659, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. AMASH. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

CONTINUING ACCESS TO HOSPITALS ACT OF 2016

Ms. JENKINS of Kansas. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5613) to provide for the extension of the enforcement instruction on supervision requirements for outpatient therapeutic services in critical access and small rural hospitals through 2016, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5613

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Continuing Access to Hospitals Act of 2016” or the “CAH Act of 2016”.

SEC. 2. EXTENSION OF ENFORCEMENT INSTRUCTION ON SUPERVISION REQUIREMENTS FOR OUTPATIENT THERAPEUTIC SERVICES IN CRITICAL ACCESS AND SMALL RURAL HOSPITALS THROUGH 2016.

Section 1 of Public Law 113–198, as amended by section 1 of Public Law 114–112, is amended—

(1) in the heading, by striking “2014 AND 2015” and inserting “2016”; and

(2) by striking “and 2015” and inserting “, 2015, and 2016”.

SEC. 3. REPORT.

Not later than one year after the date of the enactment of this Act, the Medicare Payment Advisory Commission (established under section 1805 of the Social Security Act (42 U.S.C. 1395b–6)) shall submit to Congress a report analyzing the effect of the extension of the enforcement instruction under section 1 of Public Law 113–198, as amended by section 1 of Public Law 114–112 and section 2 of this Act, on the access to health care by Medicare beneficiaries, on the economic impact and the impact upon hospital staffing needs, and on the quality of health care furnished to such beneficiaries.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Kansas (Ms. JENKINS) and the gentleman from Iowa (Mr. LOEBSACK) each will control 20 minutes.

The Chair recognizes the gentlewoman from Kansas.

GENERAL LEAVE

Ms. JENKINS of Kansas. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include any extraneous material on H.R. 5613, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Kansas?

There was no objection.

Ms. JENKINS of Kansas. Mr. Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 5613, the Continuing Access to Hospitals Act of 2016, a policy this Congress has passed unanimously in 2014 and 2015.

Every year across Kansas, hospitals in rural communities must wait to see if they will have to comply with a burdensome Federal regulation that makes caring for patients more difficult, while providing no additional benefits.

Back in January 2014, the Centers for Medicare and Medicaid Services began enforcing a requirement that physicians must supervise outpatient therapeutic services at critical access hospitals and other small rural hospitals. This meant that routine outpatient therapeutic procedures, such as the application of a splint to a finger or a demonstration of how to use a nebulizer, had to be directly supervised by a physician.

Thankfully, Congress passed an extension of a moratorium on that supervision requirement in 2014 and again in 2015. Here we are again today to try to give a little bit of certainty to these very important rural and critical access hospitals.

There are over 1,300 critical access hospitals that serve rural Americans in nearly every State, and these facilities simply lack the resources to fulfill this burdensome mandate. Before 2014, physicians at rural hospitals were not required to directly supervise these types of outpatient therapeutic services, and asking them to do so now, after unanimously passing identical extensions the past 2 years, will only jeopardize access to care.

I reserve the balance of my time.

Mr. LOEBSACK. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in strong support of H.R. 5613, the Continuing Access to Hospitals Act. I am pleased the House is considering this bipartisan legislation, which I introduced with Ms. JENKINS of Kansas.

Many of Iowa’s rural hospitals, just like the rural hospitals in Kansas and other parts of America, are struggling in these economic times. I have made it a point to visit all of the hospitals in my district on many occasions in order to hear directly from them about the issues they are facing and how I, as their Congressman, can help.

I have seen firsthand that rural hospitals are bedrocks of their communities, providing more than just high-quality, local access to health care. Rural hospitals also stimulate the local economy, creating jobs in the hospital and in the larger community. Without quality local health care, lives and communities are lost.

One issue I consistently hear about is the Centers for Medicare and Medicaid

Services’ rule strictly requiring direct supervision of outpatient therapeutic services. The enforcement of this rule will cause rural facilities to reduce therapy services, threatening access to needed procedures for rural Americans.

That is why I was proud that, last year, the legislation that Congresswoman JENKINS and I introduced to continue the prohibition on CMS from enforcing the unreasonable supervision requirements for 2015 was signed into law. That bill, however, was only a fix for 2015, as Congresswoman JENKINS pointed out. I am committed to making sure this is also solved in 2016, as well as working toward a permanent fix to provide certainty for our critical access hospitals, again, not just in Iowa or Kansas, but around the country.

The services covered by this legislation have always been provided by licensed, skilled professionals under the overall direction of a physician and with the assurance of rapid assistance from a team of caregivers, including a physician. While there is some need for direct supervision for certain outpatient services that pose a high risk or are very complex, CMS’ policy generally applies to even the lowest risk services.

This legislation will provide temporary relief that will go far in relieving the regulatory burden of direct supervision of outpatient therapeutic services for rural hospitals. This legislation, fittingly, protects hospitals that were providing and are providing quality, responsible care during the period in question.

I urge all my colleagues to support this bill today.

Again, I thank Congresswoman JENKINS. We have worked together on this now for a couple of years. I think it proves that, if folks from both parties put their heads together and offer commonsense legislation, we can get it passed. Most importantly, it proves that we can help our local hospitals and folks who live in these rural areas who need that access to those local hospitals.

I reserve the balance of my time.

Ms. JENKINS of Kansas. Mr. Speaker, I yield such time as he may consume to the gentleman from Nebraska (Mr. SMITH), an esteemed member of the House Ways and Means Committee.

Mr. SMITH of Nebraska. Mr. Speaker, I rise today in support of H.R. 5613 to once again delay enforcement of supervision requirements on critical access hospitals.

It has unfortunately become an annual ritual for us to pass legislation to block this arbitrary regulation which requires a physician to be on-site and present for the administration of most procedures, no matter how basic.

As a condition of participation in the critical access program, a facility must have 25 or fewer beds, be distant from the next closest hospital, and have a physician on call and available within

30 minutes. The individuals who practice at these facilities, including doctors, nurses, physician's assistants, and nurse practitioners, have a very strong understanding of what care can be safely provided in their critical access setting and which cases should be transferred to a larger facility.

However, CMS' efforts to accommodate the concerns of rural providers hasn't been to empower these professionals, but to create a limited list of procedures which can be done without a physician on-site. For this reason, I appreciate the chairman and the gentlewoman from Kansas (Ms. JENKINS) for working with me to incorporate language into this bill, which requires MedPAC to report on the economic and staffing impacts of these regulations on rural hospitals.

Based on discussions I have had with hospitals across Nebraska's Third District, I expect MedPAC's findings will make a strong case for repealing this regulation outright.

I urge passage of this bill, which is vital to communities across rural America.

Mr. LOEBSACK. Mr. Speaker, I want to thank the gentleman from Nebraska (Mr. SMITH). We came into Congress at the same time, and it is great we can work on this bill together. It is a commonsense bill.

Again, in Iowa, we have over 80 critical access hospitals. The gentleman pointed out the importance that these are small hospitals, 25 or fewer beds. Their resources are limited. I thank the gentleman from Nebraska (Mr. SMITH) for supporting this bill. I really appreciate it.

I yield back the balance of my time.

Ms. JENKINS of Kansas. Mr. Speaker, I yield myself such time as I may consume.

Congressman LOEBSACK and I worked together to introduce this measure, once again, in a bipartisan fashion. I, too, want to thank him for understanding the problem rural doctors face with this supervision mandate and for his willingness to work with me to introduce this bill.

I urge my colleagues in the House to pass this measure, once again, unanimously, so that we can provide the rural doctors of this country with a little more certainty and take away the threat of an unnecessary burden.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Kansas (Ms. JENKINS) that the House suspend the rules and pass the bill, H.R. 5320, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. AMASH. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

□ 1700

SOCIAL SECURITY MUST AVERT IDENTITY LOSS (MAIL) ACT OF 2016

Mr. SAM JOHNSON of Texas. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5320) to restrict the inclusion of social security account numbers on documents sent by mail by the Social Security Administration, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5320

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Social Security Must Avert Identity Loss (MAIL) Act of 2016".

SEC. 2. RESTRICTION ON SOCIAL SECURITY ACCOUNT NUMBERS IN DOCUMENTS SENT BY MAIL.

(a) IN GENERAL.—Section 205(c)(2)(C) of the Social Security Act (42 U.S.C. 405(c)(2)(C)) is amended by adding at the end the following:

"(xiv)(I) The Commissioner of Social Security shall ensure that no document sent by mail by the Social Security Administration includes a complete social security account number unless the Commissioner determines that inclusion of such complete number is necessary.

"(II) Not later than 30 days after the date of the enactment of this clause and not later than each of March 31 and September 30 of each of the first 6 years following the year in which such date of enactment occurs, the Commissioner of Social Security shall submit to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate a report on the implementation of subclause (I). Such report shall include—

"(aa) the title and identification number of each document used by the Social Security Administration during the previous year on which is printed an individual's complete social security account number;

"(bb) the most recent date on which each such document was updated; and

"(cc) the projected date on which complete social security account numbers will be removed from each such document, or if the Commissioner determines that inclusion of such complete number is necessary, the rationale for such determination."

(b) EFFECTIVE DATE.—The Commissioner of Social Security shall implement the amendments made under subsection (a) as soon as practicable after the date of the enactment of this Act.

The SPEAKER pro tempore (Mr. BROOKS of Alabama). Pursuant to the rule, the gentleman from Texas (Mr. SAM JOHNSON) and the gentleman from Michigan (Mr. LEVIN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. SAM JOHNSON of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to review and extend their remarks and include extraneous material on H.R. 5320, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. SAM JOHNSON of Texas. Mr. Speaker, I yield myself such time as I may consume.

Today I rise as chairman of the Committee on Ways and Means Subcommittee on Social Security in support of the Social Security Must Avert Identity Loss Act of 2016, also known as the Social Security MAIL Act legislation. It is legislation that I introduced along with the gentleman from Ohio (Mr. RENACCI).

Mr. Speaker, Social Security makes a point of telling Americans how important it is to protect their Social Security numbers. Time and time again, Americans are warned to protect their Social Security cards in order to avoid identity theft.

For years I have been calling for ending the use of Social Security numbers unless it is absolutely necessary. Unfortunately, while some progress has been made, the Social Security Administration still includes Social Security numbers on some documents it mails. Just last year, Social Security sent out more than 233 million letters that included full Social Security numbers. This needs to stop and now.

The bill requires Social Security to either remove Social Security numbers from mailings or explain why including a Social Security number is necessary. This commonsense legislation is supported by AARP and the Association of Mature American Citizens. Mr. Speaker, I include in the RECORD their letters of support.

AARP,
July 13, 2016.

Hon. SAM JOHNSON,
Chairman, House Subcommittee on Social Security.

DEAR CHAIRMAN JOHNSON: AARP supports H.R. 5320, the Social Security Must Avert Identity Loss (MAIL) Act of 2016, which would protect Social Security numbers (SSNs) from inappropriate public disclosure. AARP, with its nearly 38 million members in all 50 States and the District of Columbia, Puerto Rico, and U.S. Virgin Islands, is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

Social Security is the primary source of retirement and disability income for 60 million Americans. Personal information about Social Security benefits, such as Social Security numbers (SSNs), is critical financial information and must be afforded the highest level of privacy protection. H.R. 5320 would ensure that Social Security numbers (SSNs) are protected by making clear the Social Security Administration may not include a full Social Security account number on any document sent by mail unless the Commissioner of the Social Security Administration determines that such inclusion is necessary.

AARP has a longstanding public policy position on Social Security privacy that companies, government agencies, and individuals should not be allowed to post or publicly display SSNs, print them on cards, transmit them over the internet, or send them by mail without safety measures. We appreciate your recognition of the important need to protect personal Social Security information and efforts to urge Congress to make this needed change in the law.

Because of Social Security, millions of Americans and their families are able to live